FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION OMES APPROVAL

OMB Number: 3235-0076 Expiress: April 30, 2008 Estimated average burden hours response...... 16

SEC USE ONLY					
Prefix	Serial				
DATE RECEIVED					

					1		
Name of Offering (check if this is an amendm	ent and name has cha	nged, and indicate o	ahange.)			· · · · · · · · · · · · · · · · · · ·	
Series A-1 Preferred Stock Offering							
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505	Rule 50	6 🔲 Section	14R(6) ULC	Ē	
Type of Filing:	⊠	New Filing		Amendme	ent.		
	A. BASIC ID	ENTIFICATION DA	ATA				
1. Enter the information requested about the issue	er			1(1)	III. 6679 1470 1688 4584 1886 1868	11614 4140 1661	
Name of Issuer (check if this is an amendmen	nt and name has chang	ed, and indicate ch	ange.)				
Escapia, Inc.	•			[],		 	
Address of Executive Offices (1	Number and Street, Cit	y, State, Zip Code)	Telephone N	umber (lincl	07067524		
2101 4th Avenue, Suite 1800, Seattle, W	A 98121		(206) 686-6	5 830			
Address of Principal Business Operations (If different from Executive Offices)	Number and Street, Cit	y, State, Zip Code)	Telephone N	lumber (linchydi ogr	CESSED		
Same as above					0.100.10		
Brief Description of Business - software deve	lopment			AUL 11 4	72 1 2007		
				\	O = 4000;		
Type of Business Organization				11 V/ U	OMSON		
	d partnership, already f	formed		other (Field	POLINICAL PART		
☐ business trust ☐ limited	d partnership, to be for	med	e3				
			<u>Year</u>				
Actual or Estimated Date of Incorporation or Orga	inization:	June	2004				
					☐ Estimated		
Jurisdiction of Incorporation or Organization: (E	nter two-letter U.S. Pos	stal Service abbrevi	ation for State:				
CN for C	anada; FN for other for	reign jurisdiction)		DE	_		
CEMEDAL INSTRUCTIONS				`			

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et sequiror 15 U.S.C. 77d(6). When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on white it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not mamually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adeppted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice stand be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

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	A. BASIC IDEN	TIFICATION DATA						
 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 								
Check Box(es) that Promoter Apply:	☐ Beneficial Owner		□ Director	General and/or Managing Partner				
Full Name (Last name first, if individual)	· · · · · · · · · · · · · · · · · · ·			·				
Furlong, William								
Business or Residence Address (Number a	nd Street, City, State, Zip Code)	,	······					
2101 4th Avenue, Suite 1800, Seattl	e, WA 98121							
Check Box(es) that Promoter Apply:	☐ Beneficial Owner	Executive Officer	☐ Director	General amd/or Managing Partner				
Full Name (Last name first, if individual)								
Mengtong, Yang								
Business or Residence Address (Number a	nd Street, City, State, Zip Code)		•					
2101 4th Avenue, Suite 1800, Seattl	·							
. Check Box(es) that Promoter Apply:	Beneficial Owner		☑ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if individual)		·	 -					
Gildersleeve, Larry								
Business or Residence Address (Number a	· ·							
2101 4th Avenue, Suite 1800, Seattl	- :							
Check Box(es) that Promoter Apply:	☐ Beneficial Owner		☑ Director	☐ General amd/or Managing Partner				
Full Name (Last name first, if individual)	4							
Marker, Todd								
Business or Residence Address (Number a								
2101 4 th Avenue, Suite 1800, Seattl		[] Evenutive Officer	☑ Director	☐ General amd/or				
Check Box(es) that Promoter Apply:	☐ Beneficial Owner	Executive Officer	Director	Managing Partner				
Full Name (Last name first, if individual)								
Murch, Steve	101 101 011	<u> </u>						
Business or Residence Address (Number at								
2101 4 th Avenue, Suite 1800, Seattl Check Box(es) that	e, WA 98121 Beneficial Owner	Executive Officer	☐ Director	☐ General amd/or				
Apply:	M Deficicial Owner			Managing Partner				
Full Name (Last name first, if individual)								
Buerk Craig Victor Angel Partners, Business or Residence Address (Number at								
,	•							
2101 4 th Avenue, Suite 1800, Seattl	e, WA 98121 Seneficial Owner	Executive Officer	☐ Director	General and/or				
Check Box(es) that Promoter Apply:	M Berieficial Owner	Executive Officer	- Director	Managing Partner				
Full Name (Last name first, if individual)								
Northwest Opportunity Fund, LP								
Business or Residence Address (Number at	nd Street, City, State, Zip Code)							
1200 Fifth Avenue, Suite 1800, Sea	ttle, WA 98101							
(Use b	lank sheet, or copy and use addi	tiomal copies of this sheet	, as necessary.)					

		,	-1		B. INFO	ORMATION	ABOUT C	FFERING				
1. Has	the issuer so	old, or does	the issuer in	ntend to se A	ell, to non-a nswer also	ccredited in in Appendi:	nvestors in i x, Column 2	this offering 2, if filing und	?der ULOE.	•••••••	. Yes □	No ⊠
2. Wha	it is the minir	num investn	nent that wil	l be accep	ited from a	ny individua	1?	••••••	***************************************		. \$	N/A
3. Doe	s the offering	g permit joint	ownership	of a single	ย unit?						Yes ⊠	No 🗆
for s	olicitation of ealer register	purchasers red with the	in connection SEC and/or	on with sal	es of secuite or states	rities in the d s, list the na	offering. If me of the b	a person to proker or dea	or indirectly, a be listed is a aler. If more or dealer only	n associated than five (5)	person or a	ar remuneration agent of a broker be listed are
	None.											
Full Na	me (Last nan	ne first, if inc	dividual)									
Due!=			7Nh	ad Ct	Oite Ot-4-	Zin Cadal						
Busines	s or Resider	nce Address	(Number a	na Street,	City, State	, ZIP Code)						
Name c	f Associated	Broker or D	Dealer		.							
								<u></u>				
	n Which Per				•							
(Cneck	[AK]	or cneck indi [AZ]	Moual State	:s) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[Ht]]	[ID]
[IL]	[IN]	[IA]	(KS)	[KY]	[LA]	(ME)	(MD)	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [XT]	[MM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR]] [W Y]]	[PA] [PR]
	ne (Last nan				<u> </u>							
Busines	s or Resider	nce Address	(Number a	nd Street,	City, State	, Zip Code)						
Name o	f Associated	Broker or D)ealer					···				
	n Which Per "All States" :					Purchasers						
(Check	"Ail States" ([AK]	or check indi [AZ]	ividuai State [AR]	:s) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]]	(ID)
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	(MI)	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	(NH) (TN)	[NJ] [TX]	[MM] [TU]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [VV]	[OK] [WI]	[OR]] [W Y]]	[PA] [PR]
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			•									
Busines	s or Resider	nce Address	(Number a	nd Street,	City, State	, Zip Code)						
A. I.		-	·.									
Name c	f Associated	Broker or D	Jealer									
States i	n Which Per	son Listed H	las Solicited	or Intend	s to Solicit	Purchasers						
	"All States" o											🗀 All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	[NE]	[AI] [VV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] {OH}	[MN] [OK]	[MS]] [OR]]	[MO] [PA] (PR)

[TN] [TX] [UT] [VT] [VA] [WA] [WV] [V (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount alread the transaction is an exchange offering, check this box and indicate in the columns below the an already exchanged.	ly so ld . Enter "0" if answ nou nts of the securities o	er is offerir	"none" or "zero" If ng for exchan ge and
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	\$		\$
	Equity	\$ 3,603,600.00		\$2,726, 02 9.38
	☐ Common ☑ Preferread			
	Convertible Securities (including warrants)	\$		\$
	Partnership Interests	\$		\$
	Other (Specify)	\$		\$
	Total	\$3,603,600.00		\$2,726,029.38
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchasses
	Accredited Investors	16		\$2,726,029.38
	Non-accredited Investors	0		\$ 0.000
	Total (for filings under Rule 504 only)			\$\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in			
	Part C – Question 1.	Type of Security		Dollar Amœunt Sold
	Type of Offering			\$
	Rule 505			\$
	Regulation A			<u> </u>
	Rule 504			
	Total			\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. Iff the amount of an expenditure is not known, furnish an estimate and check the box to the lieft of the estimate.			\$
	Transfer Agent's Fees		\boxtimes	\$0
	Printing and Engraving Costs		⊠	\$0
	Legal Fees		⊠	\$60,000
	Accounting Fees		⊠ -	\$
	Engineering Fees		⊠ .	\$
	Sales Commissions (specify finders' fees separately)		— . ⊠	**************************************
	Other Expenses (Identify)		 ⊠	\$
	Total		— . ⊠	\$60,000
			_	Ψ .

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C.	OFFERING PRICE.	NUMBER OF	INVESTORS.	EXPENSES	AND USE OF	PROCEEDS

\$ \$3,543,600.00

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.

· •		yment to Officers, ectors, & Affiliates		Payment To Others
Salaries and fees	\boxtimes	\$	⊠	\$
Purchase of real estate	\boxtimes	<u> </u>	⊠	\$
Purchase, rental or leasing and installation of machinery and equipment	\boxtimes	\$	⊠	\$
Construction or leasing of plant buildings and facilities	\boxtimes	\$	⊠	\$
Acquisition of other businesses (including the value of sec urities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	⊠	\$	፟ ፟	\$
Repayment of indebtedness	\boxtimes	<u> </u>	⊠	\$
Working capital	\boxtimes	\$ 0	⊠	\$3,543,600.00
Other (specify)	\boxtimes	\$	⊠	\$
	\boxtimes		⊠	<u> </u>
Column Totals	\boxtimes	\$	Ø	\$
Total Payments Listed (column totals added)			⊠	\$3,543,600.00

The issuer had duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.						
Issuer (Print or Type)	Signature	Date				
Escapia, Inc.	W Dreck	6/7/07				
Name of Signer (Print or Type)	Title of Signer (Print or Type)					
William Furlong	President					

D. FEDERAL SIGNATURE

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

